

Case Number:	CM14-0022934		
Date Assigned:	05/14/2014	Date of Injury:	05/07/2009
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and elbow pain reportedly associated with an industrial injury of May 7, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical Lidoderm patches; muscle relaxants; earlier shoulder surgery; earlier cervical fusion surgery; and reported return to part-time work at a rate of six hours a day. In a utilization review report dated February 6, 2014, the claims administrator denied a request for an H-Wave home care system, stating that usage of an TENS unit would have been more cost effective than the device proposed here. The claims administrator, it is incidentally noted, somewhat incongruously referred to the H-Wave device as an interferential unit in some portions of its rationale. The applicant's attorney subsequently appealed. Authorization for an H-Wave stimulation rental was sought on August 8, 2013. The applicant was described as working part-time modified work at a rate of six hours a day on August 6, 2013. The applicant was using Lidoderm, Flexeril, Motrin, and Prilosec at that point in time, it was suggested. In a medical-legal evaluation of February 13, 2014, it was stated that the applicant had reported that Naprosyn, the H-Wave device, Flexeril, Lidoderm, and omeprazole had taken the edge of the applicant's pain. The applicant was apparently doing regular duty work at that point in time, it was stated. In an applicant questionnaire, undated, the applicant stated that she felt that she was able to resume regular duty work after introduction of the H-Wave device after several months of modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DURABLE MEDICAL EQUIPMENT (DME) PURCHASE OF H-WAVE DEVICE:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (Hwt) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Simulation topic Page(s): 118.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, trial periods of and/or purchase of an H-Wave device beyond the initial one-month trial rental should be justified by documentation submitted for review. In this case, the applicant, the attending provider, and/or medical-legal evaluator have seemingly posited that ongoing usage of the H-Wave device has ameliorated the applicant's work capacity. The applicant did ultimately return to regular work, it was noted on February 13, 2014, after several months on part-time modified duty. The applicant did diminish medication consumption. The applicant was, at one point, using a muscle relaxant, Flexeril. It appears, thus, that ongoing usage of the H-Wave device has produced requisite reductions in medication consumption and improvements in function, including improved work ability. Thus, the applicant does appear to have effected functional improvement as defined in MTUS 9792.20f through ongoing usage of the H-Wave device in question. Therefore, the request to purchase the same is medically necessary.